

Gaithersburg Youth Center Trip (Grades 6-8)

NATIONAL HARBOR IN DC

WED, APRIL 17
9AM-2PM

\$15
Members Only

BOHRER PARK ACTIVITY CENTER
506 S. FREDERICK AVE. GAITHERSBURG, MD 20877

NATIONAL HARBOR
165 WATERFRONT ST. NATIONAL HARBOR, MD 20745

JOIN US FOR A DAY AT THE NATIONAL HARBOR!

MEET AT THE ACTIVITY CENTER AT BOHRER PARK NO LATER THAN 9:00AM.
PARTICIPANTS WILL RETURN TO THE GAITHERSBURG YOUTH CENTER BY 2:00PM

Trip participants will be returned to the GYC and are welcome to stay until it closes at 6:00pm.

Participants will be allowed to explore the trip location in groups which may or may not include a staff member. Participants will be required to stay in designated areas and meet at designated check-in times

Lunch will not be provided on this trip. Please send your child with a bag lunch

Registration Information:

Return Permission Slip &
Payment to **City of
Gaithersburg:**

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the
City of Gaithersburg. Visa,
Discover, MasterCard, &
AMEX accepted.



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350
Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

National Harbor - 7163

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Cell Phone _____ Work Phone _____ Email _____

Participant's Name	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
		National Harbor	7163	4/17/19			\$15

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/DISC/AMEX# _____ Exp. Date ____/____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 7163

Rec'd: _____ Initials _____
W P M F Resident: Y N
Pr: _____ Date: _____

